MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/640 901
FILING DATE 8-16-00
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52						
3		1					53						
4		1					54						
5	1						55	1					
6		1					56						
7		1					57						
8	1						58						
9							59						
10		1					60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27							77						
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32							82						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	26						TOTAL CLAIMS						